Editorial

Seeking a Port in a Storm

The University of California Commission on the Future of Medical Education

> *Our plans miscarry because they have no aims. When a man does not know what harbor he is making for, no wind is the right wind.*
>
> —Seneca

UNIVERSITY OF CALIFORNIA President Richard Atkinson, aware of massive forces affecting all of California, appointed a commission in July 1996 to help chart the course for the University's future in medical education. I served on that commission, which consisted mainly of members external to university-tenured faculty and administration. I was impressed that the background papers and reports could provide foundations for discussions and decisions that would have application far beyond the university. This special issue of THE WESTERN JOURNAL OF MEDICINE, published with financial support from the Office of the President of the University of California and the California Endowment, contains the bulk of the Commission's work as well as its recommendations. The Commission's work took about a year. Faculty have been given the unedited version of the final report, and review is under way. The white papers published here have been peer-reviewed and revised; therefore, they are not exactly the same as the ones presented to the Commission. Subjects include disease and injury projections, demographics, ethnic diversity, the continuum of medical education, biotechnology, information technology, physician supply and roles, and partnerships of managed care and educational programs.

At Dr. Atkinson's request, the Commission, staff, and contributors examined several areas. To establish a baseline, the commission received descriptions of California's current health work force, including number and types of clinicians and their distribution. Looking to the future, the Commission considered changes in patterns of illness; health care delivery and financing; and attitudes and preferences of the public. It then outlined skills that will be needed by future physicians. It recommended specific ways the University's health professional schools could respond to demands for change while maintaining a coherent approach to education, research, and the care of patients and while addressing the needs of graduates, students, and trainees. Finally, the Commission suggested a method and schedule for implementing changes. Drafts were distributed to the Commission for review and comment, and the final draft was discussed with deans and faculty members. Adjustments were made at every juncture. Not everyone agreed with every recommendation and, indeed, a separate comment was made by three of the 26 members (see Appendix 3). Not surprisingly, some outside experts have thought the work was not radical enough; others felt the Commission went too far.

Several points in the report make especially good sense to me, including the recommendation for collaboration among health professional training programs and among health professionals themselves. Partnerships would be even better than mere collaborations, because partnerships imply joint responsibility; partnerships that include patients, family, and the public have merit as well. Another important point emphasizes the need to assure good care for indigent people when the University's ability to staff clinical sites may be diminished. Losses of revenue that are accelerating the drain of devoted faculty are also noted (see Appendix 6). The severe blows dealt to the diversity of health professionals and, in all likelihood, the consequent blows to the health of vulnerable Californians by Proposition 209 and Regents' Resolution SP-1 are highlighted in the report. The report also mentions the imperative to expand research and training beyond hospitals and clinics into homes and hospices. In addition, it asserts the necessity of expanding beyond classical medicine into topics such as leadership and information technology as well as areas of interest to large numbers of patients. Attention is also called to the requirement for professional and personal renewal throughout physicians' lives so that we improve not only patient and community health, but physicians' health as well. The recommendation to establish an evaluation system that measures not only the University's output in numbers but its responsiveness to community needs and demands is one of the report's more revolutionary ideas.

Adjusting the course of the University of California will take time and energy. The University already has invested enormous resources in crafting important innovations in medical education (see Appendix 5). Even more effort will be required. When the American College of Physicians recently distributed a 238-page document assembling thumbnail reviews of 1997's most important papers in internal medicine, it demonstrated the dazzling amount of information pushing into medical teaching and practice. It will be a staggering job to digest and incorporate that kind of new science into a curriculum that is also changing in response to health, demographic, economic, social, and political pressures. Persistent requests for more helpful mentoring of students and faculty, incorporating humanities and humanism into medicine, enhancing productivity with shorter working hours, teaching across cultural and specialty barriers, and blending the fine points of history and physical examinations with molecular biology call for even more adjustments.

The University would do well to press on. As large institutions are being held accountable for their plans

and actions by a restive public, the University of California can be a flagship, leading an educational transformation appropriate to the turn of the millennium. There is a certain practical value to changing in the ways suggested by the report. The *quid pro quo* is straightforward: support from the public—the public that votes and pays taxes—will depend on the services that the University renders to it. The public's experience with, perception of, and, therefore, backing of the University will be determined in large part by the University's response to this report.

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Editor